



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

NUEVA VIDA BEHAVIORAL  
HEALTH

**Respondent Name**

COMPPAC TRUST OF TEXAS

**MFDR Tracking Number**

M4-15-0187-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

September 15, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The purpose of this letter is to request reconsideration for services provided for the patient listed above. According to the explanation of benefits sent to the provider the reason for the denial states, "precertification missing/absent ...

Additionally, specifically on page 20, Medical Fee Guideline Training Module-Medical reimbursement policies for non-network medical services provided in the Texas Workers Compensation System, "99361-Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present) approximately 30 minutes." Furthermore, CPT Code 99361 is a "DWC Specific Code" and does not require preauthorization.

Pursuant to the Texas Department of Workers Compensation Medical Fee Guidelines subchapter C §134.204 Medical Fee Guidelines for Worker's Compensation Specific Services (1)(e), we are the referring HCP and we are billing for case management services. Please do not deny payment for this service as we are within the medical fee guidelines to bill for this service. Case Management services shall be billed and reimbursed as follows: (A) CPT code 99361 (ii) Reimbursement to the referral HCP shall be \$28 when HCP contributes to the Case management activity."

**Amount in Dispute:** \$56.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Please see the EOBs. There is some concern whether the charges even relate to the date of injury. The Texas Labor Code requires reimbursement for all medical expenses to be fair and reasonable and be designed to ensure the quality of medical care and to achieve effective medical cost control. TEX. LABOR CODE Section 413.011(d). Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

**Response Submitted by:** Flahive, Ogden & Latson

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 03, 2014 and April 07, 2014	CPT Code 99361	\$56.00	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the medical fee guidelines for medical services, charges and payments.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 852-106 – Denied per carrier pre-authorization not requested \$0.00 Denied: per Carrier Pre-authorization not requested

### **Issues**

1. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code Code §134.204(e) states in pertinent part "Case Management Responsibilities by the Treating Doctor is as follows: (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows: (A) CPT Code 99361 ... (ii) Reimbursement to the referral HCP shall be \$28 when a HCP contributes to the case management activity."

Requestor billed with CPT Code 99361 in the amount of \$28.00 for disputed service March 03, 2014 and April 07, 2014. Review of the submitted documentation labeled "Case Management Note", does not meet the documentation requirements outlined in 28 Texas Administrative Code §134.204.

Therefore, no reimbursement is recommended for CPT Code 99361.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
4/30/15  
Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee***

***Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**